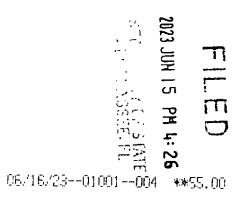
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	(Requestor's Name)
	(Addana)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Certified Copies	
Consist Instructions to	Filing Officers
Special Instructions to	Filing Officer.

Office Use Only



800409888858





COVER LETTER

TO:

Registration Section

Division of Corp	porations		
	LAND PROS, LLC	,	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JEFFERSON B SCOGGIN	es.	
		Name of Person	
	SCOGGINS LAND PROS	, LLC	
		Firm/Company	
	2301 SW 66TH STREET		
		Address	
	OCALA, FLORIDA 34476	5	
		City/State and Zip Code	
	MELISSA@CASONDESIC	FNCO.COM to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca		
MELISSA CASON		352 843-3116 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 9		Street Address: Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee.		The Centre of 2415 N. Monro	t allanassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Compan Florida document number L23000216115	y were filed on MAY 2, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		S PH to
(Mailing address MAY BE A POST OFFICE BOX)		26 26
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registere
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street address	
	, Flo	rida
		Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR WILLIAMS H. SCOGGINS	111 AURICH AVENUE	□Add	
		KALISPELL. MT 59901	Remove
			Change
AMBR MELISSA P. C	MELISSA P. CASON	2301 SW 66TH STREET	■Add
		OCALA. FL 34476	⊒Remove
			□Change
			∃Add
		-	□Remove
			□ Change
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			ElChama

11 amending any other informs	tion, enter change(s) here: (Attach additional sheet	s, y necessary.)
		, .
		-
		<u></u>
		
	<u></u>	
		
		<u> </u>
		
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If an effective date is listed, the date mu	date of filing:st be specific and cannot be prior to date of filing or more than 90 lock does not meet the applicable statutory filing requirengepartment of State's records.	(optional) days after filing.) Pursuant to 605.0207 (nents, this date will not be listed as t
e record specifies a delayed effectived is filed.	re date, but not an effective time, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the
Dated	2023	
<u> </u>		
100	Signature of a member or authorized representative of a memb	per
intendeday b cooo		
JEFFERSON B SCOG	Typed or printed name of signee	

. .

Filing Fee: \$25.00